State of A			T	INTERPRETER						Do not write in this space		
Unified J	udicial System									Voucher Number		
Form FIS-1 8/06				CLAIM FOR EXPENSES						Date		
				FEES & TRAVEL					Code			
					SSN							
Case Number(s)					NAME							
Style of Case(s)				ADDRESS								
Court (or Other Appointing Authority) County												
Address				CITY ST ZIP Name, Address, SSN of the Interpreter								
City State Zip Code  Area Code ( )				☐ Hearting Impaired ☐ Foreign Language								
Telephor	ne Number											
Section E	3:			T	ransport	atio	n/Travel					
Data Enam				То		Purpose		*Miles Traveled			TOTAL Fare or Travel	
Date	Date From			10			Puipose		raveleu	rate of Trav		
										+		
										+		
										+		
										+		
							B Sub-To	tal Tra	nsportation	\$		
Section (	·				Expens	ses/						
Codion	j. 					) 					I	
Date	Breakfast	Lu	Lunch Dinner Room			Miscellaneous (Explain)		**Fee		TOTAL		
					<u> </u>							
								-				
					C. Sub-Total Expenses				enses & Fee	s & Fees \$		
**The fee	ers for the Deaf	paired sh , plus actu	all be in a al expens	accordance wit	th standards e		lished by the Alabama Registr		GRAND TOT Section B &		\$	
The fee for foreign language is \$ 25 per hour plus travel & Section D : APPROVAL						Section E : CERTIFICATION						
	al expenses in				_	the	I certify that the above accou is correct, due, and unpaid.	nt in th	e amount of	\$		
							Interpreter's Signature				Date	
Date		Signatu	re of Appo	inting Authorit	y	Sworn to and subscribed before (date)						
		 Title					Notary Public					
						Interpreter's Certification Level						

(hearing impaired only)

INSTRUCTIONS									
CLAIMS FOR PAYMENT ARE SUBMITTED TO:									
STATE COMPTROLLER									
P.O.BOX 302602									
MONTGOMERY, AL36130-2602									
Attention: Interpreter Claims									